



STATE OF IOWA
MASTER AGREEMENT

MA# 005 CT2647

EFFECTIVE BEGIN DATE: 01-12-2004
EXPIRATION DATE: 12-31-2004
PAGE: 1 of 3

BUYER : JEANETTE CHUPP
Jeanette.Chupp@iowa.gov
515-281-6288

PAYMENT TERMS (%): DAYS:

VENDOR:

Enneking Medical Inc
Emi
1801 Guinotte
Kansas City, MO 64120
USA

VENDOR CONTACT:

FAX 913-685-3439
PHONE: 888-685-9699 EXT:
EMAIL:
VENDOR #: 43155781600

DESCRIPTION OF ITEMS CONTRACTED

LIFTS, GULDMAN MOBILE PATIENT LIFT

Contract For The Provision And Delivery Of Guldman Brand, Mobile Patient Lifts Pursuant To The Specifications, Terms And Conditions Of Sealed Bid Bd70400s031 Dated December 19, 2003, On File With The Department Of Administrative Services, General Services Enterprise, Hoover Building, Level A, Des Moines, Iowa, 50319-0105. Manufacturer Name: Guldman, Inc. Manufacturer'S Lift Model Number: 11230-306 \$1,995 Each - Lifting Capacity: 440 Pounds - Electric Actuator - Electric Width Adjustment - Hand Control Remote - Service Log - Emergency Stop And Emergency Lowering - Cut-Out System - On/Off Automatic Switch - 115 Volt Power Consumption - 12 Volt Batteries Sealed & Maintenance Free - Fully Automatic Battery Charger Included - Protective Covering On Lets - Four (4) Inch Casters - Lifting Hanger Included - Manufacturer'S Warranty On Parts Only: One-Year Back-Up Remote For The Guldman Lift, Model No. 935057.... \$100 Each - This Is In Addition To The Remote Provided With Each Lift Custom Sit-On, High-Back Sling, Order Number 291052..... \$139 Each - Supports The Thighbone, Back And Head - User Sits On The Sling - Bands Fixed Across The Opening At Each Side - Available In The Following Sizes: * Small Size * Medium Size * Medium-Slim Size Net Bathing Sling, Order Number 272052..... \$139 Each - Available In The Following Sizes: * Medium Size * Medium-Slim Size Pricing Is Fob Destination (No Freight Charges Invoiced) For Minimum Orders Of One (1) Lift Or One

RENEWAL PERIODS REMAINING

1 Years
1 Years

THRESHOLDS

MINIMUM ORDER AMOUNT:
MAXIMUM ORDER AMOUNT:
NOT TO EXCEED AMOUNT:

AUTHORIZED DEPARTMENT

ALL
SUB Political Sub-divisions

TOTAL \$0.00

VENDOR: _____

APPROVED BY: _____

THIS MA IS SUBJECT TO THE TERMS AND
CONDITIONS ATTACHED HERETO.
PLEASE SEE ATTACHMENTS FOR
FURTHER DESCRIPTIONS.



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LINE NO.	QUANTITY / SERVICE DATES	UNIT	COMMODITY / DESCRIPTION	UNIT COST
1	0.00000		47050 Lifting Devices, Patient	\$0.000000



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TERMS AND CONDITIONS

N60
NET 60 DAYS